

EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

KAREN LUDWIG, EXECUTIVE DIRECTOR

Name and Title of Authorized Representative

Karen Ludwig

Signature

2-21-2017

Date

*Please see typed pages that follow*

**EXHIBIT B**

**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.
2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.
3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.
4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.
5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.
7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

## Exhibit B

### Vendor Information

1. Brief company history:

One June 30, 2006, the organization that we were a part of decided to close our doors due to restructuring. We had gotten word of this approximately a month prior and was able to rally several pastors and community leaders. These leaders agreed with the director and the volunteers that this ministry is much needed in this community. They closed our doors on June 30 and we re-opened as The Jefferson County Pregnancy Care Center on July 1, 2006, with our own board of directors and 501©3 status. Karen Ludwig was hired at that time to be the Executive Director.

Now, 11 years later, we are doing ultrasounds, pregnancy tests, STD testing and treatment, parenting classes, options peer-counseling as well as hand out lots of resources.

2. Describe the nature of the vendor's business , type of services performed, etc.

We do on-site urine pregnancy tests, ultrasounds, STD testing and treatment, options peer-counseling, parenting classes, new parent baby basic classes, peer-counseling on a variety of topics, abstinence education for 6<sup>th</sup> grades through high school and a men's mentoring program. All is free of charge (expect some STD tests carry a lab fee that is charged to us and we pass on to the client.)

Our client website is [www.mylifemrc.com](http://www.mylifemrc.com) and our donor website is [www.jcpcc.com](http://www.jcpcc.com).

3. Provide a list of and short summary of information regarding the vendor's current contracts for similar services.

We have no contracts for similar services

4. List, identify, and provide reasons for each contract/client gained and lost in past 2 years.

We have not had any contracts in the past 2 years.

5. Yes, we are a not-for-profit organization that promotes each of the following:

\*Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

We offer parenting classes. Clients earn "points" for baby supplies by attending class.

\*Ending the dependence of needy parents on government benefits by promoting job preparation, work and marriage.

We offer our clients assistance with resume writing, job searches, and we teach classes on marriage vs co-habiting as well as marriage prep classes.

\*Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.

We offer each of our clients abstinence education plus we take an abstinence message into 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and High School classes in our community. It is our goal to eliminate unplanned, unwanted pregnancies.

\*Encouraging the formation and maintenance of two-parent families.

In our marriage classes and discussions we highlight the advantages pf 2-parent intact families.

6. The structure of the organization is as follows:

Board Chairman, Tom Rudloff  
Board Treasurer, Tonya Kelso  
Board Secretary, Nanette Rudloff  
Board Member, Larry Kelso  
Executive Director, Karen Ludwig

Medical Director, Dr. Joe Herrmann

Client Services Director, Juli Nelson

We have no partners, corporate organizations, corporate trade affiliations, or any parent/subsidiary affiliations with other firms, etc.

7. We have no pending or final legal proceedings involving this organization since we became our own stand-alone organization on July 1, 2006.

Karen Ludwig  
Executive Director  
MyLife Medical & Resource Center  
2608 Gravois Rd, High Ridge, MO 63049  
Office: 636.495.6566  
Karen's cell: 636.575.6581

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

KAREN LUDWIG, EXECUTIVE DIRECTOR

Name and Title of Authorized Representative

Karen Ludwig

Signature

2-21-2017

Date

EXHIBIT DCURRENT/PRIOR EXPERIENCE

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Jefferson County Pregnancy Care Center dba</u> (if reference is for a Subcontractor): <u>MyLife Medical &amp; Resource Center</u>	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	<u>Alliance for Life - Missouri</u>
Address of Reference Company/Client:	<u>106 5th Ave S</u> <u>Po Box 65</u> <u>Greenwood, MO 64034</u>
Reference Contact Person Name, Phone #, and E-mail Address:	<u>Marsha Middleton, CEO</u> <u>816. 806. 4168</u> <u>marsha@allianceforlifemissouri.com</u>
Title/Name of Service/Contract	<u>N/A</u>
Dates of Service/Contract:	<u>N/A</u>
If service/contract has terminated, specify reason:	<u>N/A</u>
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	<u>N/A</u>
Size of Service/Contract (in terms of vendor's total amount of business)	<u>N/A</u>
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	<u>N/A</u>
Personnel Assigned to Service/Contract (include position title):	<u>Karen Ludwig, Executive Director</u> <u>Linda Knese, Case Manager</u> <u>Juli Nelson, Client Services Director</u>

EXHIBIT EEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position: <u>NON-Credentialed Case manager</u>	
Name of Person:	<u>KAREN LUDWIG</u>
Educational Degree (s): include college or university, major, and dates	<u>BACHELOR OF EDUCATION, Southeast MO State Univ, MAJOR: Psychology Graduated 1983</u>
License(s)/Certification(s), #(s), expiration date(s), if applicable:	<u>Licensed in secondary education</u>
Specialized Training Completed.	<u>Bookkeeping, peer-counselor training, directing a non profit, board training.</u>
# of years experience in area of service proposed to provide:	<u>11 yrs as Exec Dir of this organization</u>
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	<u>Employed for 11 yrs as ED</u>
Describe this person's responsibilities over the past 12 months.	<u>Overseeing all operations of this organization, training &amp; overseeing all volunteers, dealing directly w/ our clients in all aspects of care</u>
Previous employer(s), positions, and dates	<u>Reli/Seafood Manager for SNS from 1986-2006</u>
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	<u>I teach a class in our Parenting Class Curriculum</u>
✓ Family/marital counseling	<u>Only as a peer-counselor</u>
✓ Social work	<u>I am a CASA volunteer for Jefferson County (not</u>
✓ Case management	<u>affiliated w/ this organization)</u>
✓ Program administration	<u>I conduct all program administration w/ this organ)</u>



EXHIBIT EEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position: <u>Credentialed Case Manager</u>	
Name of Person:	<u>Linda Knese</u>
Educational Degree (s): include college or university, major, and dates	<u>Lindenwood University 1999 - BA Gerontology</u> <u>Deaconess Sch. of Nursing 1975 - Diploma RN</u>
License(s)/Certification(s), #(s), expiration date(s), if applicable:	<u>RN-066089</u> <u>Certified</u> <u>Case Manager 1980's (not renewed)</u>
Specialized Training Completed.	<u>Case management</u>
# of years experience in area of service proposed to provide:	<u>4 years approximately</u>
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	<u>New Hire. No prior experience with MyLife Medical Center</u>
Describe this person's responsibilities over the past 12 months.	<u>No prior responsibilities with MyLife Medical Center</u>
Previous employer(s), positions, and dates	<u>Tesson Heights Sr. Living - Admin Director 2000-2009</u> <u>Liberty Mutual - Case Manager 1996-1998</u> <u>St. Anthony's Hosp - Staff RN - Olsten Kimberly Quality Home Care RN</u>
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Early childhood development	
<input checked="" type="checkbox"/> Family/marital counseling	
<input checked="" type="checkbox"/> Social work	
<input checked="" type="checkbox"/> Case management	<u>Liberty Mutual + Olsten Kimberly Quality</u>
<input checked="" type="checkbox"/> Program administration	

→ Cardinal Glennon Person Control Center - RN at Person Center  
Deaconess Hosp. Staff nurse  
Integrated Health Services  
Clasen Home Health Care



**EXHIBIT K, continued**

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that Jefferson County Pregnancy Care Center (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

KAREN LUDWIG  
Authorized Business Entity Representative's  
Name (Please Print)

Jefferson County  
Pregnancy Care Center  
Business Entity Name

jcc07@aol.com  
E-Mail Address

Karen Ludwig  
Authorized Business Entity  
Representative's Signature

2-21-17  
Date

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- ☒ - Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- ☒ - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;

AND

- ☒ - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now KAREN LUDWIG (Name of Business Entity Authorized Representative) as EXECUTIVE DIRECTOR (Position/Title) first being duly sworn on my oath, affirm Jefferson County Pregnancy Care Center (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Jefferson County Pregnancy Care Center (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Karen Ludwig  
Authorized Representative's Signature

KAREN LUDWIG  
Printed Name

EXECUTIVE DIRECTOR  
Title

2-21-2017  
Date

jcpc@jccool.com  
E-Mail Address

1172213  
E-Verify Company ID Number

Subscribed and sworn to before me this 21st of February 2017. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Jefferson, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 9-12-18.  
(NAME OF STATE) (DATE)

Carrie Ann Branson  
Signature of Notary

2-21-17  
Date



Company ID Number: 1172213

Approved by:

<b>Employer</b> Jefferson County Pregnancy Care Center	
<b>Name (Please Type or Print)</b> Karen Ludwig	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 02/20/2017
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 02/20/2017